

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO.  
*041 997 478*  
APPLICANT(S)

FILING DATE  
*6-20-02*

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
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TOTAL IND.	5					
TOTAL DEP.	9					
TOTAL CLAIMS	14					

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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